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B. KOHR

SEP 9 2008

EXAMINER

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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CORPORATION NAME(S) & DOG	CUMENT N	NUMBER(S), (if kn	iown):
1. RICHID AND MICE (Corporation Name)	<u>lart</u>	Document #)	LLC FA 88 FI
2. (Corporation Name)		(Document #)	P-9 PH
		(Document *)	PH 2: 05
3. (Corporation Name)		(Document #)	- Dri
4(Corporation Name)		(Document #)	
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☐ Mail out ☐ Will wait	☐ P	hotocopy	Certificate of Status
NEW FILINGS	AM	ENDMENTS	
Profit Not for Profit Limited Liability		Amendment Resignation of R.A Change of Register	
Domestication Other		Dissolution/Withdr Merger	
OTHER FILINGS	REC	GISTRATION/QU	<u>ALIFICATION</u>
Annual Report Fictitious Name		Foreign Limited Partnership Reinstatement Trademark Other	
CPAEGA (7107)			Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1990 Main Street 12621 SW 23Tec Suite 750 yami FL 33128
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
ISEL & Martins
Name
1990 Main Steet Sut 750
Florida street address (P.O. Box NOT acceptable)
Texasela FL 34236
City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited

liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQLIRED)

Title:	Name and Address:
"MGR" = Manager	·
"MGRM" = Managing Member	
MCAM	1990 Main Steet Swift
MGRM	TSEL Y MURTING
	Torotala FL 3423
	·
(Use attachment if necessary)	
CIFV. Effective date if other than th	ne date of filing: (OPTIONAL)
	be specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	
	,

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee